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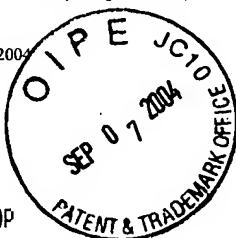
07/12/2004

Catherine Anne Whealy  
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09/08/2004 EABUBAK2 00000177 10787054

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CATHERINE ANNE WHEALY (Depositor's name)  
 Catherine Anne Whealy (Signature)  
 September 3, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/787,054	02/25/2004	Christa Kievit		6115

TITLE OF INVENTION: FUCHSIA PLANT NAMED 'KIEFUWIPP'

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$640	\$0	\$640	10/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HWU, JUNE	1661	PLT-300000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. C.A. whealy  
 2.  
 3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KIEFT Bloemzoden B.V.

Venhuizen. THE NETHERLANDS

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Catherine Anne Whealy 9/03/04

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